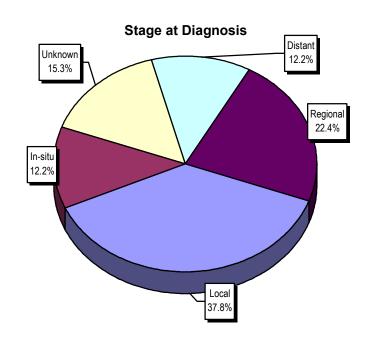
## Rectum, Anus & Anorectum

<b>Incidence and Mor</b>	tality	Summa	ry
	Male	Female	Total
Age-adjusted incidence rate per 100,000	15.5	13.6	14.5
Total # of new cases	44	54	98
# of new invasive cases	28	43	71
# of new in-situ cases	8	4	12
# of deaths	13	10	23

	Total	Cases	and	Deaths	by Ward
Ward 1		14		0	,
Ward 2		12		2	
Ward 3		10		4	
Ward 4		14		4	
Ward 5		16		5	
Ward 6		12		4	
Ward 7		13		1	
Ward 8		5		3	
Unknow	'n	2		-	



## Risk and Associated Factors

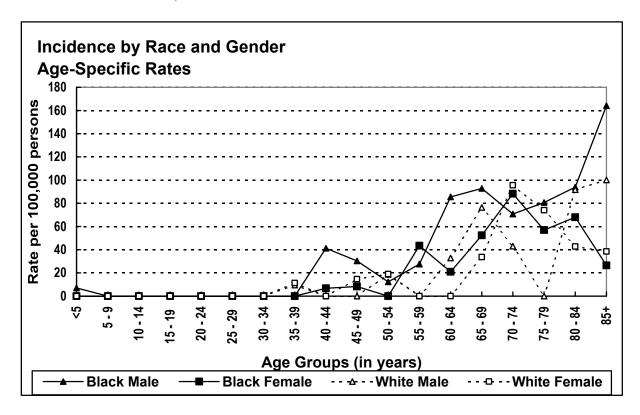
Age	Rates increase with age, and the vast majority of cases occur after age 50.
Gender	The incidence rate is higher in males.
Genetics	Specific genetic alterations accounting for about six percent of rectal cancer cases hav been recognized in several hereditary conditions (e.g. FAP, familial adenomatous polyposis)
Diet	Strong evidence exists that diets high in fat contribute to increased risk of rectal cance. The lack of dietary fiber increasing risk has recently been questioned, but is still generally regarded as significant.
Other	Adenomas (polyps) are thought to be precursors to many cases of colorectal cancer. Individuals with a close family history of this cancer, inflammatory bowel disease (IBD) and those with a personal history of certain other cancers are at increased risk. Regular, moderate physical activity is associated with lower rates of this cancer. Cigarette smoking is associated with increased risk. Anal warts caused by HPV (human papilloma virus) are associated with increased
	carcinoma of the anus.

95% confidence interval on the age-adjusted total incidence ra	ate:	14.5	(11.6 - 17.5)
Mean age-adjusted incidence rate across wards:			14.3
Median age-adjusted incidence rate of wards:			15.7
Range of age-adjusted incidence rates for wards: 10.0	(7.6	Ward 8	8 < 17.6 Ward 5)

There was only one case of rectal cancer diagnosed in a person less than 30 years of age. The age-specific incidence rates of rectal cancer generally increased with age, peaking in the in the 75-79 year old age group for males and 80-84 for females. The mortality rate for black males was over 4 times that of white males.

<sup>\*</sup>Socio-economic Status

Fig. 86: Age-Specific Incidence and Mortality Rates by Race and Gender Rectum, Anus and Anorectal Cancer



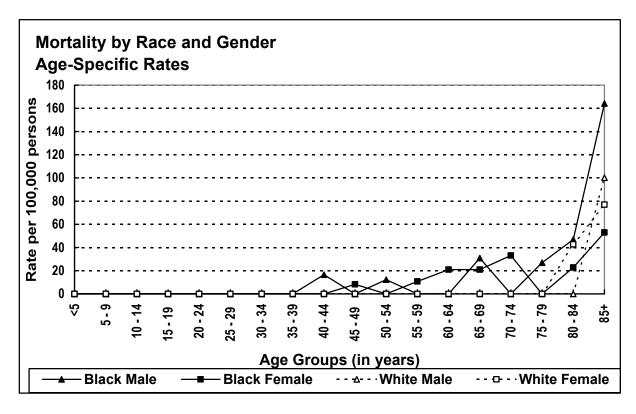
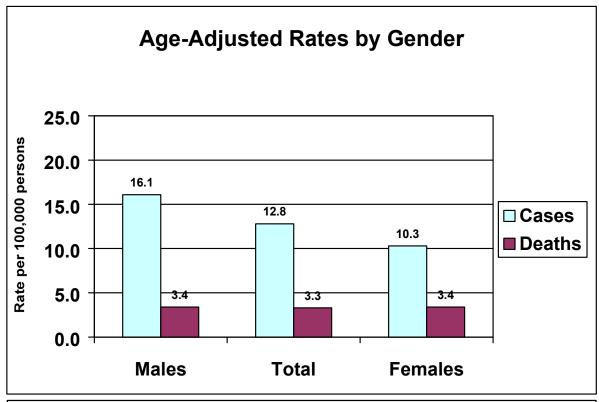


Fig. 87: 1996 Age-Adjusted Incidence and Mortality Rates for the District of Columbia – Rectum, Anus and Rectosigmoid Cancer



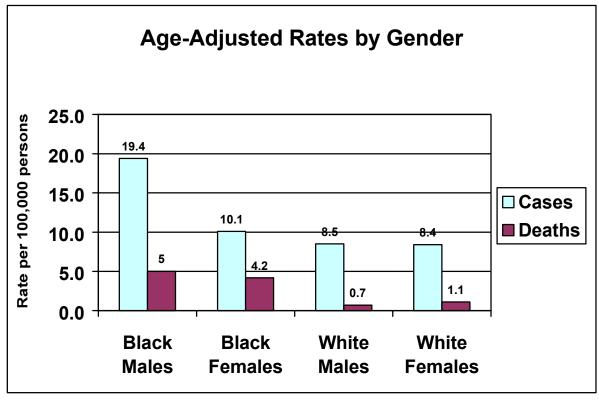
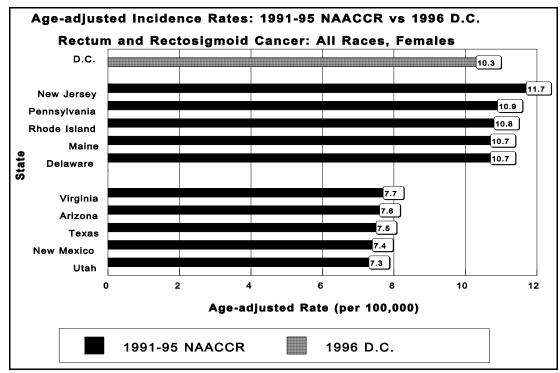
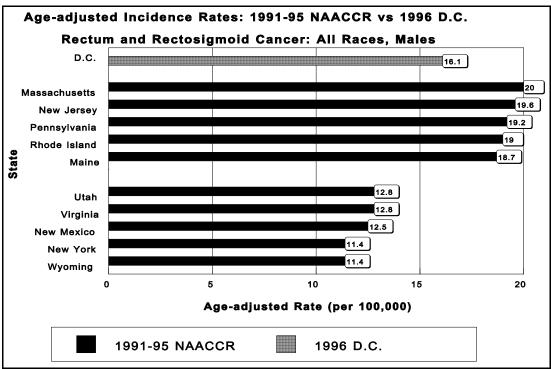


Figure 88: Comparison of the 1996 D.C. Incidence and Mortality Rates with The Highest 5 and Lowest 5 NAACCR (1991-95)<sup>‡</sup> Cancer Incidence Rates





Data on D.C. between 1991-1995 were not available to NAACCR for publication in April 1	1999